



FIRST STEPS CHILDCARE BILLING

Dr. Approved ☐
W-9 Received ☐

(Please Print)

See Instructions on Back of Form

I. CHILDCARE AUTHORIZATION: Completed By Authorizing Agency

NAME OF CLIENT'S MATERNITY SUPPORT SERVICES (MSS), MATERNITY CASE MANAGER (MCM), OR CSO SOCIAL WORKER		TITLE	
MSS/MCM AGENCY OR CSO		MEDICAID PROVIDER NUMBER	
MAILING ADDRESS		CITY	ZIP CODE
TELEPHONE NUMBER	EXTENSION	FAX NUMBER	E-MAIL ADDRESS

II. CLIENT INFORMATION: Completed By Authorizing Agency

CLIENT IS	NAME AS SHOWN ON MEDICAL ID CARD (LAST, FIRST, MI)		PIC NUMBER	
<input type="checkbox"/> MCM	CLIENT'S TELEPHONE NUMBER		Have you done an assessment for her needs? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> MSS			Have you reviewed that the client has a Medical ID for the current month? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Both				

III. SPECIAL NEEDS REQUEST FOR MAA APPROVAL: Completed by Authorizing Agency

• BEDREST	HAVE YOU VERIFIED DOCTOR'S PRESCRIPTION FOR BEDREST? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR BEDREST	DUE DATE
• NEONATAL INTENSIVE CARE UNIT (NICU)	DELIVERY DATE	GESTATION AT DELIVERY (WEEKS)	
NAME AND TELEPHONE NUMBER OF CLIENT'S PRENATAL CARE PROVIDER/HOSPITAL STAFF (REQUIRED)		DATE SERVICE TO BEGIN UNTIL DELIVERY OR DOCTOR/HOSPITAL RELEASE	
Request for number of children _____ Hours per day _____ Days per week _____ @ \$3.00/Hour			
NO. OF CHILDCARE PROVIDERS	IF MORE THAN ONE PERSON WILL BE PROVIDING CHILDCARE, EXPLAIN HOW THE HOURS OR DAYS WILL BE DIVIDED		
DSHS/MAA APPROVAL SIGNATURE (FSCC COORDINATOR)	DATE	1 child maximum daily limit \$30.00 2 children or more maximum daily limit - Licensed \$75.00 Non Licensed \$50.00	

MAA will not reimburse for First Steps Childcare when client's spouse, partner, or father of the baby provides the childcare; childcare provider is under the age of 18; no W-9 "Request for Taxpayer Identification and Certification" on file with our office; or if childcare provider is non licensed and does not pass the Background Check. • NOTE: Only Washington state licensed day care homes, centers, facilities, or foster homes will be accepted as licensed.

IV. CHILDCARE INFORMATION: Completed by Childcare Provider (Use separate line for each date of care)

Date of Care (M/D/Y)	# of Children Cared For (This Client Only)	Total Hours	Total Amount	Date of Care (M/D/Y)	# of Children Cared For (This Client Only)	Total Hours	Total Amount	Date of Care (M/D/Y)	# of Children Cared For (This Client Only)	Total Hours	Total Amount
1.				6.				1.			
2.				7.				2.			
3.				8.				3.			
4.				9.				4.			
5.				10.				5.			

V. CHILDCARE PROVIDER INFORMATION: Completed by Childcare Provider (Please Print)

Grand Total

I AM A LICENSED PROVIDER <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME LAST	FIRST	MIDDLE INITIAL
MAILING ADDRESS	STREET OR PO BOX	CITY	ZIP CODE
TELEPHONE NUMBER			
LICENSED FEDERAL TAX ID NUMBER	OR	SOCIAL SECURITY NUMBER	

CHILDCARE PROVIDER CERTIFICATION AND SIGNATURE

I certify under penalty of perjury that items and totals are proper charges for service(s) furnished to the State of Washington. All service(s) rendered have been provided without discrimination against race, creed, color, national origin, sex, or age. I also certify that child care was provided on the above date(s). I agree no additional charge will be made to the parent for these services. To ensure payment, submit form within 90 days of first date(s) of service.

CHILD CARE PROVIDER SIGNATURE	DATE
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INSTRUCTIONS FOR FILLING OUT AND USING "FIRST STEPS CHILDCARE BILLING" FORM

SECTIONS I AND II - CHILD CARE AUTHORIZATION BY AGENCY AND CLIENT INFORMATION 1-888-889-7514

- A Background Check must be conducted and passed before First Steps Child Care is provided by non licensed individuals. (Licensed providers have passed the check as part of the licensing process). Refer to the First Steps Childcare Billing Instructions. It is your obligation to advise your client of when First Steps Childcare can be used (see Chart A and Section III below).
- Sections I and II are to be filled in by the client's Maternity Support Services (MSS) professional/paraprofessional, Maternity Case Manager (MCM), or CSO Social Worker responsible for the client's case. If directed by the professional, another agency staff member may complete. Please print name clearly. **Sections I and II are to be completed if your client's need for service falls within Chart A (see below) . Prior approval is not required.**
- After Sections I and II have been filled out give the form and a W-9 to the client. Make a copy for your records.
- The client will need a separate background check, billing form and W-9 for each child care provider. Each form covers a maximum of 15 dates of care.
- When giving the form to your client, it is your obligation to advise her how to fill out Section IV and V of this form. Please instruct them to send in the signed billing form to the address at the bottom of the front of this form.

CHART A - Examples of Medical Assistance Covered Appointments (up to two months after the end of the pregnancy)

Medical visits	Childbirth education classes	Hospital procedures
Laboratory tests	Dental care	Delivery
Maternity Support Services (MSS) visits	Maternity Case Management (MCM) visits	Taking newborn to medical visits (Up 2 months after baby's birth)

SECTION III - SPECIAL NEEDS REQUEST FOR MAA APPROVAL - BEDREST AND NICU VISITS

- Authorizing professional/paraprofessional completes this section. Refer to your First Steps Childcare Billing Instructions.
- If your client needs childcare for bedrest under her prenatal care provider's order or to visit her newborn(s) in the Neonatal Intensive Care Unit (NICU), prior approval from MAA is required. Authorizing professional/paraprofessional must verify the need for bedrest with the client's prenatal care provider prior to the request. Fill out Sections I, II, and III of the billing form and fax to (360) 586-1951. The DSHS/MAA approval signature box is for the (MAA) Medical Assistance Administration First Steps Childcare Coordinator's signature. The MAA Coordinator will then fax the form back to your Agency. You will then give the original form to your client for the Childcare Provider to complete. Keep a copy in your records.

SECTION IV - CHILDCARE INFORMATION - (To be completed by Childcare Provider)

- Childcare providers must fill in one line per day for Medical Assistance covered appointments (refer to Chart A above); and for bedrest; or NICU visits.
- For MAA payment rate, refer to Chart C below. Round total time to the nearest 15 minutes.

CHART B - Who Can Provide First Steps Childcare?

Licensed childcare homes, centers, facilities, or foster homes; friends, neighbors, or relatives who have passed a Background Check.

CHART C - Rate of Payment

Description	Per Hour, Per Child Rate	Maximum Per Day, Per Family Rate	<u>Rounding to the Nearest 15 Minutes</u>			
One Child	\$3.00	\$30.00	0 - 15 minutes	.25	31 - 45 minutes	.75
Two or More Children	\$3.00	Licensed \$75.00 Unlicensed \$50.00	16-30 minutes	.5	46 - 60 minutes	1.0

SECTION V - CHILDCARE PROVIDER INFORMATION - (To be completed by the childcare provider)

- A Background Check must be conducted and passed before First Steps Childcare is provided by unlicensed individuals. (Licensed providers have passed the check as part of the licensing process). Refer to the First Steps Childcare Billing Instructions, Page 10.
- Check the "Yes" box if you are licensed as a childcare home, center, facility, or foster home. If you are not licensed with the State of Washington, check the "No" box. Print your last name, first name, and middle initial.
- Fill in your mailing address (street or post office box), city, and zip code and your area code and telephone number.
- If you are licensed, fill in your 9 digit Federal Tax Identification number.
- If you are not licensed, fill in your 9 digit Social Security Number.
- Read the "Childcare Provider Certification and Signature" section, then sign and date the form.
- Make a copy of the form and keep it in a safe place. This is for your records. In the event the original is lost in the mail, you will need this for verification of services rendered.
- A W-9 "Request For Taxpayer Identification Number and Certification" must be on file with DSHS/MAA for payment to be processed. You are required to do this only once unless your name, Social Security Number, or Federal Tax Identification number change. If you do not have a W-9, please call the authorizing agency in **Section I** on the front of the form.
- Mail the billing form and W-9 to the address at the bottom of the front side of this form.
- **Only completed forms can be processed for payment.**